EXHIBIT C

FORM B10 (Official Form	1 10) (10/03)						
United States Bankr	PROOF OF CLAIM						
Name of Debtor USA Commercial Mor							
	be used to make a claim for an administrative expayment of an administrative expense may be filed						
Name of Creditor (The person or other entity to whom the debtor owes money or property) Scott K Canepa Defined Ben Pension Pin		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving					
Name and address where note	Name and address where notices should be sent						
Scott K Canepa Defined Ben Pension Pln c/o Laurel E Davis		Check box if you have never received any notices from the					
Lionel Sawyer & Colli 300 South Fourth Stre		bankruptcy court in this case					
Las Vegas, NV 89101 Telephone number 702-3	83-8888	Check box if the address differs from the address on the envelope sent to you by the court.					
	ner number by which creditor identifies debtor	Check here if this claim replaces a previously filed claim dated					
1 Basis for Claim Goods sold		Returee benefits as defined in 1	1110 (11114(1)				
☐ Services performed	1	☐ Wages, salaries, and compensate	tion (fill out below)				
☐ Money loaned ☐ Personal injury/wa	ongful death	Last four digits of SS # Unpaid compensation for service					
☐ laxes	•	fromto	•				
Other See Attac 2 Date debt was incurre	(date)						
	Check the appropriate box or boxes that describ	3 If court judgment, date obtained					
Unsecured Nonpriority Clai Check this box if a) there or b) your claim exceeds	See reverse side for important explanations	Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate Motor Vehicle Other Value of Collateral \$					
Unsecured Priority Claim		Taylor Of College In C					
entitled to priority Amount entitled to priority \$	an unsecured claim all or part of which is	Amount of arrearage and other charge case filed included in the secured class					
Specify the priority of the cla Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	☐ Up to \$2 225* of deposits toward pure	chase, lease or rental of property or				
☐ Wages salaries or commis days before filing of the ba	ssions (up to \$10,000) * earned within 180 inkruptor petition or cessation of the er is earlier - 11 U S C \$ 507(a)(4)	services for personal family, or household use - 11 U S C \ 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C \ 507(a)(8) Other - Specify applicable paragraph of 11 U S C \ 507(a)(
1	vee benefit plan 11 USC § 507(a)(5)	* Amounts are subject to adjustment on 4 1 07 respect to cases commenced on or after the de	and every 3 years thereafter with				
5 Total Amount of Claim at Time Case Filed \$							
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges							
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim This Space is for Court Use Only							
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invokes itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain If the documents are voluminous attach a summary							
8 Date-Stamped Copy To self-addressed envelope an	ILED JAN 12 2007						
Date	Sign and print the name and title it any of the cred this claim (attach copy of power of attorney if any)	itor or other person authorized to file					
January 12, 2007	USA CMC						

Penalts for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 16 1072502014

Case 06-10725-gwz Doc 8827-3 Entered 08/05/11 11:45:27 Page 3 of 8

TOKIN DIO (OMCIAI FOITI TO) (10/05)								
UNITED STATES BANKRUPTCY COURT Nevada	PROOF OF CLAIM							
Name of Debtor	Case Number							
USA Capital Mortgage Company, Inc	BK-S-06-10725-LBR	E-Filed 8-9-06						
NOTE This form should not be used to make a claim for an administration of the case A 'request" for payment of an administrative expense may be to	tive expense arising after the commencement filed pursuant to 11 U S C § 503							
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyon							
JAMES CORISON	else has filed a proof of claim relating your claim Attach copy of statement	; to						
2	giving particulars							
Name and address where notices should be sent JAMES CORISON	Check box if you have never received	any						
P O BOX 21214	notices from the bankruptcy court in to	his						
RIVERSIDE, CALIFORNIA 92516	Check box if the address differs from	the						
Telephone number	address on the envelope sent to you by							
Last four digits of account or other number by which creditor	Check here replaces							
identifies debtor	if this claim amends a previously	filed claim, dated						
1 Basis for Claim	Retiree benefits as defined							
Goods sold Services performed	Wages, salaries, and compe							
Money loaned	Last four digits of your SS Unpaid compensation for so	#						
Personal injury/wrongful death	from	to						
☐ Taxes ☐ Other	(date)	(date)						
2 Date debt was incurred 11/24/2003	3 If court judgment, date obtain	ned						
A Classification of Claim Check the appropriate have a law that								
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations	Secured Claim	nt of the claim at the time case file						
Unsecured Nonpriority Claim \$	_							
Check this box if a) there is no collateral or lien securing your	claim, or a right of setoff)-	n is secured by collateral (including						
b) your claim exceeds the value of the property securing it, or if c) n	none or							
only part of your claim is entitled to priority Unsecured Priority Claim	Brief Description of Collat Real Estate Moto							
	77.1 00.11 . 1.0.1.00							
entitled to priority Amount of arrearage and other charges at time case filed included in								
Amount entitled to priority \$ secured claim, if any \$								
Specify the priority of the claim.	Up to \$2,225* of deposits toward	purchase, lease, or rental of propert						
☐ Domestic support obligations under 11 U S C § 507(a)(I)(A) or	r household use - 11 U S C							
(a)(l)(B)	§ 507(a)(7) Taxes or penalties owed to government	nental units - 11 U S C § 507(a)(8)						
Wages, salaries, or commissions (up to \$10,000),* earned with	m 180 Other - Specify applicable paragra	ph of 11 USC § 507(a)()						
days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier - 11 U S C § 507(a)(4)	Amounis are subject to adjustment on	4/1/07 and every 3 years thereafter						
Contributions to an employee benefit plan - 11 USC § 507(a)	with respect to cases commenced (5)	on or after the date of adjustment						
5 Total Amount of Claim at Time Case Filed	\$1,023,000 00	1,023,000 00						
Check this box if claim includes interest or other charges in add	(unsecured) (secured) lition to the principal amount of the claim At	(priority) (Total) tach itemized statement of all						
interest or additional charges 6 Credits The amount of all payments on this claim has been cr	redited and deducted for the number of							
making this proof of claim		THIS SPACE IS FOR COURT USE ONLY						
7 Supporting Documents Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contract	nts, such as promissory notes, purchase	C 1 1 1						
agreements, and evidence of perfection of hen DO NOT SENI	D ORIGINAL DOCUMENTS If the	filed date						
documents are not available, explain If the documents are volu	uminous, attach a summary	filed date 8 19 106						
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of your claim, enclose a stamped, self-	0 19/100						
Date / Sign and print the name and title, if any of the	creditor or other person authorized to	USA CMC						
file this claim attach copy of power of attorne	y, if any)							
1 / march oriso	James Corison	1072500092						
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisor	nment for up to 5 years, or both 18 USC §§ 152	and 3571 American LegalNet, Inc						

American LegaiNet, Inc www USCourtForms com

FORM B10 (Official Form 10) (10/05)	-	Diez	DICT ()	r.	Nevada	
United States Bankruptcy Court						PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	C	Case N	umber C)6-	10725-LBR	
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative y be f	expe iled p	nse ansii ursuant t	ng o i	after the commencement I USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Lynda L. Pinnell, Trustee of the Lynda L. Pinnell Living Trust Dated 7/24/00		else l your givin	ias filed claim A g particu	a p tta lar:	are aware that anyone roof of claim relating to ch copy of statement is I have never received any	,
Name and address where notices should be sent Lynda L. Pinnell 9915 Saddleback Drive		notic case.	es from	the	bankruptcy court in this	
Lakeside, CA 92040	Ш				address differs from the ivelope sent to you by	THIS STACE IS FOR COURT USE ONLY
Telephone number (619) 443-4527		the c		,		This block book of the
Last four digits of account or other number by which creditor identifies debtor			k here s claim	\vdash	replaces amends a previously fi	led claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death			Uı	age ist npa	ee benefits as defined in es salaries and compen four digits of your SS # uid compensation for se	sation (fill out below) rvices performed
Taxes Other (See Exhibit "A")			110	J111	(date)	(date)
2 Date debt was incurred June 2004		3.	If cour	rt j	udgment, date obtaine	ed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 324,523 84 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim	which	ıs	a right	Chi t of Bri Val nt o	f setoff) ef Description of Collate Real Estate Moto ue of Collateral \$\alpha\column\colum	r Vehicle Other————————————————————————————————————
Domestic support obligations under 11 U S C & 507(a)(1)(A) c (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within			§ 507(a) Taxes or)(7 pe	nalties owed to governm	nental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debit business, whichever is earlier 11 USC § 507(a)(4)	tor's	└	iounts ar	·e s	ubject to adjustment on	oh of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter n or after the date of adjustment
Contributions to an employee benefit plan - 11 U S C \ 507(a) Total Amount of Claim at Time Case Filed	1)(3)		324,52			\$324,523 84
Check this box if claim includes interest or other charges in ad- interest or additional charges	dition	-	(unsecur	ed)	(secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim	n cred	ıted a	nđ dedu	cte	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents or running accounts contragreements, and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volu 8 Date-Stamped Copy To receive an acknowledgment of the fi	acts, o	court j RIGIN us, att	udgmen IAL DO ach a su	ts, Cl mn	mortgages, security JMENTS If the nary	ED JAN 1 2 2007
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto	the cr	edylor	or other	r pe	erson authorized to	USA CMC
1/08/07 Lynda L Pinnell, Trustee		11	1/200	/		1072502214

Coco 66-10725-m+zDoc 992	7205	ptorodu00/05/14.4.4.4.	45-27 Do	ac 5 of 0
UNITED STATES BARRAULIGA CARRES	"PRC	OF OF CLAIM	Trage Fe	1994 3 Or O
Name of Debtor:	Case Nu	mber:		
USA COMMERCIAL MORTGAGE COMBANY	06-1	0925- LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
1132124100313	34	Check box if you have		
PETER VALVE COMPANY INC 2800 WRONDEL WAY STE A		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
RENO NV 89502-4297		BMC Group in this case.	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS.
		Check box if this address differs from the address on the		eady filed a proof of claim with the
725		envelope sent to you by the court.		or BMC, you do not need to file again. E IS FOR COURT USE ONLY
Creditor Telephone Number (775) 825 - 0424 Last four digits of account or other number by which creditor identifies	debtor:	<u> </u>		E 13 FOR COOK! USE ONL!
1502		Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death		enefits as defined in 11 U.S.		Unremitted principal
Services performed Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #: compensation for services pe	rformed from	. , ,
	Oripaid	compensation for services per	Hollinga Hotal.	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the See reverse side for important explanations. 	at best descr	ibe your claim and state the amo	unt of the claim at t	he time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim		our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y entitled to priority.	our claim is	a right of setoff). Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate		e 🔲 Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:		Outor
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$	at artie case med included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase, lease	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	·s _	services for personal, family, o		•
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to go		• ,,,,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<u>.</u>	Other - Specify applicable part * Amounts are subject to adjust	• .	* ','- '
		with respect to cases commer		date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	1000	\$\$		\$
(unsecured) Check this box if claim includes interest or other charges in addition to t	,	secured) amount of the claim. Attach ite	(priority) mized statement o	(Total) of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre				
 SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the 	agreement	s, and evidence of perfection	of lien. DO NO	roices, itemized statements of T SEND ORIGINAL
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.			•	d envelope and copy of this
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5:00 pr for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO);	
BMC Group Attn: USACM Claims Docketing Center	BMC Gro			
P. O. Box 911	1330 Eas	t Franklin Avenue		
El Segundo, CA 90245-0911 DATE Si@N and print the flam and title, if any, of t		do, CA 90245		
DATE SIGN, and print the flame and title, if any, of this claim (attact) copy of power of atto The print of the claim (attact) copy of power of atto The print of the claim (attact) copy of power of atto		, , , , , , , , , , , , , , , , , , , ,	Y* Co. INE	

Anademician	Cas	66 (09 c POU 1872) + OD 1872 - I HAY OC (0) 8 40	<u>6-4214</u>	Tare the Property of the Tare that the Tare th	4 Pade 1 Poly)(- 76 01 8
	UNITED STATE	ES BANKRUPTCY COURT.	PRO	OOF OF CLAIM		
Na	Name of Debtor: Case Nu		ımber:	1		
i	ISA Commercial M	lortgage Company	06-10	725-LBR	ļ	
	33A GOITHIRE CIAI II	iongage company	00-10	120-LDIX		
This arisi adm	form should not be used ng after the commencem	of Debtors and Case Numbers. It to make a claim for an administrative expent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503. Address:	oense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	WHOSE LOAN IS I	OWED MONEY BY A BORROWER BEING SERVICED BY THE D NOT HAVE TO FILE A PROOF
	RULON, PHI		5	Check box if you have never received any notices		NCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT.
	2800A WROI RENO NV 8			from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS.
				Check box if this address differs from the address on the envelope sent to you by the court.	if you have alrea Bankruptcy Court o	ady filed a proof of claim with the or BMC, you do not need to file again.
		() 725 - 825 - 0424	deliter.	COURT.	THIS SPACE	IS FOR COURT USE ONLY
	08	other number by which creditor identifies of 15	deptor:	Check here replace or if this claim amer	a provincia i	filed claim dated:
	ASIS FOR CLAIM		Retiree I	benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
-	Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against service (not for loan balances)
Į,	Services performed	L Taxes	Last four	r digits of your SS #:		(not for loan balances)
×	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	(date) (date)
2. D	ATE DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
		AIM. Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	unt of the claim at the	e time case filed.
1	ee reverse side for important SECURED NONPRIORIT	·		SECURED CLAIM		
		s no collateral or lien securing your claim, or b)	vour claim	Check this box if yo	our claim is secure	ed by collateral (including
	exceeds the value of the pr	operty securing it, or if c) none or only part of yo	our claim is	a right of setoff).		
LINS	entitled to priority. SECURED PRIORITY CL	ΔIM		Brief description of		
		an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
	entitled to priority.	,		Value of Collateral:	: \$	
	Amount entitled to priority	\$		Amount of arrearage ar secured claim, if any:		at time case filed included in
	Specify the priority of the cl	aim: ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_			
		ssions (up to \$10,000)*, earned within 180 days		Up to \$2,225* of deposits towas services for personal, family, or		
۳		tcy petition or cessation of the debtor's ier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
		ee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable part		
-	,		4	* Amounts are subject to adjust with respect to cases commen		
	OTAL AMOUNT OF CLA	AIM \$ \$	503,4	179.62 \$		\$
	AT TIME CASE FILED:	(unsecured)	(5	secured)	(priority)	(Total)
	Check this box if claim incli	udes interest or other charges in addition to th	ne principal	amount of the claim. Attach ite	mized statement of	all interest or additional charges.
7. S	SUPPORTING DOCUME	of all payments on this claim has been cred MENTS: <u>Attach copies of supporting docu</u> tts, court judgments, mortgages, security a	<i>ıment</i> s, su agreement	uch as promissory notes, pure	chase orders, invoi	ices, itemized statements of
8. D		cuments are not available, explain. If the c Y: To receive an acknowledgment of the			•	envelope and copy of this
/	ACCEPTED) so that it is	pleted proof of claim form must be sen actually received on or before 5:00 pm	, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
9	or each person or entry governmental units). BY MAIL TO: BMC Group	y (including individuals, partnerships, o	BY HAND	OR OVERNIGHT DELIVERY TO		
	Attn: USACM Claims Doc	keting Center	BMC Gro	up ACM Claims Docketing Cente	г	
F	P. O. Box 911	-	1330 Eas	st Franklin Avenue	α	
DAT	El Segundo, CA 90245-09	SIGN and print the name and title, if any, of the		do, CA 90245 r other person authorized to file	/	
	1-7-2006	this claim (attach copy of power of attorn	ney, if any):		THAK	
		UNITAL MENTON HON	10 -367	KIDY J. MUION	XV7 11/ 1	

FORM B10 (Official Form 10) (10/05)

Last lour digits of account or other number by which creditor dentified debtor Basis for Claim	77 0						
Case Number 06-10725-LBR NOTE This form should not be used to make a claim for an administrative expense insign after the commencement of the Line. A regular for payment of an administrative expense insign a the commencement of the Line. A regular for payment of an administrative expense insign be filled personal to 11 U.S.C. & 507(a)(1)(A) or 200 Miles of the personal for line and the commencement of the Line. A regular for payment of the series of the Line. A regular for payment of the series of the Line and the commencement of the Line and the commencement of the Line and the Line and the Line and the Line and Li			Dı	STRIC I	oi <u>Nevac</u>	la	PROOF OF CLAIM
Name of Creditor (The person or other entity to whom the dichor costs, 2007 \$ Just 64 B. Sammons husband & wife as joint tenants with right of survivorship (and the cost of the state of t	Name of Debtor	USA Commercial Mortgage Company	Case	Number	06-1072	5-LBR	
debtor owe-Agams Semonto-Semon	NOTH This form of the case A r	n should not be used to make a claim for an adminitequest for payment of an administrative expense ma	strative ex ay be filed	pense aris pursuant	ing after the	commenceme § 503	ent
ALAN R SIMMONS & JUDITH B SIMMONS PO BOX 13296 SOUTH LAKE TAHOE CA 96151-3296 TLephone number Last tow digits of account or other number by which creditor defentifies debtor I Basis for Claim Good sold Services performed Money Journed Mo	debtor owes mon Alan & wr	R Simmons & Judith B Simmons husband fe as joint tenants with right of survivorship	else you	has filed r claim ng partic	l a proof of c Attach copy ulars	claim relating t of statement	to
Tuestour graph of account or other number by which credition Tuests four digits of account or other number by which credition Tuests four digits of account or other number by which credition Tuests four digits of account or other number by which credition Tuests four digits of your SS #	ALAI PO E	N R SIMMONS & JUDITH B SIMMONS BOX 13296 TH LAKE TAHOE CA 96151-3296	not case	ces from cck box if	the bankrup	otcy court in the	his he
Returee benefits as defined in 11 U.S.C. § \$1114(a)	Telephone number	er	the	court		sent to you by	THIS SEACE IS FOR COURT USE ON
Good* sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A Colter Services performed Contributions to a members are commissions to a members or other charges and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation for services performed Toxes See Exhibit A Unpaid compensation of the claim at time case See Exhibit A Unpaid compensation of the Claim at time case See Exhibit A Unpaid compensation of the Claim See Exhibit A Unpaid compensation See Exhibi	identifies debtor		!		-	a previously	filed claim dated
2 Date debt was incurred December 2002 3 If court judgment, date obtained 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case to See reverse side for important explanations. Unsecured Nonpriority Claim \$5.93,144.11 Check this box if a) there is no collateral or lien securing your claim of only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Amount of arrearage and other charges at time case filed included it secured claim if any \$9.291.46 Domestic support obligations under 11 U.S.C. \$507(a)(1)(A) or or services for personal family or household use - 11 U.S.C. \$507(a)(T) (B) Wages salaries or commissions (up to \$10.000) * carried writin 180 Other Specify applicable paragraph of 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes or penalties owed to governmental units 11 U.S.C. \$507(a)(T) Taxes	Good Servic ✓ Mone Persor Taxes	s sold ces performed y loaned nal injury/wrongful death		U L	ages salarion ast four digit of the compaid compaid comp	es and compe ts of your SS ensation for s	ensation (fill out below) # services performedto
4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case if Sec reverse side for important explanations. Unsecured Nonpriority Claim § 593,144.11 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority. Check this box if your claim is entitled to priority. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral Walter Occludateral Walter O		was incurred	3	If cou	rt judgmen	t, date obtan	ned
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages sequency agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain. If the documents are voluminous attach a summary. Date Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). USA CMC	Unsecured Non Check this by your claim exconly part of your Unsecured Prior Check this be entitled to priority of the prior	priority Claim \$ 593,144 11 box if a) there is no collateral or lien securing your reeds the value of the property securing it or if c) in claim is entitled to priority city Claim box if you have an unsecured claim all or part of w you priority \$ of the claim port obligations under 11 U S C \$ 507(a)(1)(A) or use or commissions (up to \$10 000) * earned within of the bankruptcy petition or cessation of the debto er is earlier 11 U S C \$ 507(a)(4)	r claim or none or hich is	Amounts or service \$ 507(a) Taxes or Other Sounts are	check this be of setoff) Brief Description Real Estavalue of Color of arrearaged claim if a 225* of dependence of the penalties ow pecify applier subject to a	ption of Collaidate Mote Mote Mote Mote Mote Mote Mote Mo	teral tor Vehicle Other— unknown charges at time case filed included in 146 purchase lease or rental of propert household use - 11 U S C mental units 11 U S C § 507(a)(8) aph of 11 U S C § 507(a)(——) 4/1/07 and even 3 years thereafter
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United States Bankruptcy Court District of						PROOF OF CLAIM
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identifies debtor	(CLIENT ID 5644)	ift	his claim	amends a previous	ly filed c	laım dated
1 Basis for	Claim		□R	etiree benefits as define	dun III	ISC 8 1114(a)
□ Good	ds sold			lages salaries and com		• • • •
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5/3/04,	4/01/05, 4/27/05 6/20/05					
4 Classification	of Claim. Check the appropriate box or boxes that	t best des	cnbe you	r claim and state the ame	ount of the	he claim at the time case file
See leverse sie	oc for important explanations.			ed Claim		
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 Check this b) your claim ex 	1111 13 500	uted by consideral (including				
only part of your	b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral					
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Specify the priority of	of the claim	,	H CO	205* - 6		
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(a)(1)(B)	oport obligations under 11 USC § 507(a)(1)(A) or		§ 507(a)	(7)		
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days before filing	of the bankruptcy petition or cessation of the debtor er is earlier - 11 U S C § 507(a)(4)	180	Other - S	pecify applicable paragra	aph of 11	USC § 507(a)()
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5 Total Amou	unt of Claim at Time Case Filed	S_		101,500	土	101,500 t
Check this bo	x if claim includes interest or other charges in additi	on to the	principal	(secured)	(priont	y) (Total)
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ste / / Sign and print the name and title, if any, of the creditor or other person cuthorized to						
8/11/06	5 / / / C/6 1 Special (attach copy of power of attorney, if any)					
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